

NAME OF FACILITY:

GUAM BOARD OF EXAMINERS FOR PHARMACY

Department of Public Health & Social Services Government of Guam 194 Hernan Cortez Ave. #213; Hagatña, Guam 96910

DATE APPLICATION REC'D:

CHECKLIST - PHARMACY/FACILITY

	Distributor / / Pharmacy / /	Telepharmacy		
1 Completed	Application [GBEP-22]			
2 Application Fee [GBEP-7]				
3 Facility Insp	pection Report (Most C	current)		
DEA RO NPI Re 5. FOR PHARMACY PIC Pe PIC Lic	esued Controlled Substagestration (if applicable gistration (if applicable stration (if applicable stration). Pharmacist-in-Charge anding Passing of Guar ensed on Guam	e) e (PIC) must be lic n MPJE	ensed	
Name of PIC:			Guam License #:	
***********		ARD USE ONL	**************************************	****
BOARD MEMBER SIGNATURE	BOARD ACTION	DATE	COMMENTS	
	□ APPROVED			
	☐ DISAPPROVED			
	□ APPROVED			
	☐ DISAPPROVED			
	□ APPROVED			
	☐ DISAPPROVED			